Report of deaths in the Narasimharajapura Municipality during the month of 192

Name and surname of the deceased in Kannarese	Occupation or calling	Place of residence	Where death occurred	Door No.	Age			Sex	Nationality or caste	Date of death	Date of registry	Cause of death*	Name of doctor, hakim or vaidya who last treated the deceased	Remarks
					Years	Months	Days							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

*Here if the cause is unknown, mention the symptoms with which the deceased was affected i.e., fever, cough, vomitings, diarrhoea, and the duration of last illness.

N.B.—This report should be despatched within 24 (twenty-four) hours after the occurrence of death.

Informant's name and address.

Register of births in the Municipality of Narasimharajapura during the month of 192

Serial number	Date of registration	Father's name	Mother's name	Residence	Father's occupation	Caste	Sex		Date of birth	Name of the child, if any	Name of the informant	Residence of the informant	Signature or mark of the informant	Signature of the Sub-Registrar	Remarks
							Male	Female							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Register of deaths in the Municipality of Narasimharajapura during the month of ..... 192.

Serial number	Date of registration	Name of deceased	Father's name	Residence at the time of death	Age	Sex		Caste	Occupation	Date of death	Cause of death	Name of informant	Residence of the informant	Signature or mark of the informant	Signature of the Sub-Registrar	Remarks
						Male	Female									
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

G. GUNDU RAO,
President, Municipal Council,
Narasimharajapura.